

Work Order ID 94182

94182

Page 1

November-30-12 10:05:14 AM

Item ID: D3876-5 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Protector - LH Wall
 Start Date: 11/27/12 Start Qty: 1.00 *1* Cust Item ID:
 Required Date: 12/07/12 Req'd Qty: 1.00 *1* Customer:
 Reference:

Approvals: Process Plan: MLS Date: 12-12-03 Tooling: _____ Date: _____
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____
 Run Start *NR1*
 Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3876	<i>Rev A</i>								
100	FLOW WATER JET	0.00							
100									
Waterjet	Memo	0.00							
FLOW CNC Waterjet	1-Cut as per Dwg D3876 Dwg Rev: _____ Prog Rev: _____ 2- Deburr if necessary								
110	QC2- Inspect parts off machine FAI/FAIB	0.00							
110									
QC	Memo	0.00							
Quality Control									
120	QC8- Inspect parts - second check	0.00							
120									
QC	Memo	0.00							
Quality Control									

DAS
15
2-89

12.12.17

(1)

18.12.17

(1)

18.12.17

1

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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94182

November-30-12 10:05:14 AM

Accept

N900040100

Setup Start *NS1*

Stop *NS2*

Item Name: Protector - LH Wall

Start Date: 11/27/12 **Start Qty:** 1.00 ***1***

Cust Item ID:

Required Date: 12/07/12 **Req'd Qty:** 1.00 *** 1 ***

Customer:

Reference:

Run Start *NR1*

Approvals: **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

Stop *NR2*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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130 Identify as per dwg & Stock Location:_____

0.00

0.00

130

Packaging

Memo

Packaging

140 QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

Quality Control

0.00

12/12/18

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input checked="" type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <input type="checkbox"/> Other	

Picklist Print

November-30-12 10:05:13 AM

Page 1

Work Order ID: 94182

Parent Item: D3876-5

Parent Item Name: Protector - LH Wall

Start Date: 11/27/12

Required Date: 12/07/12

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A 09-01-14 new issue DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.125-F60029-04 GE PLASTICS LEXAN SHEET		Purchased	No			100	sf	704.2384	12.04	12.673684			

Location

Loc Qty

Loc Code

MAT018

704.2384

121803

704.2384

121803

1812-12-17

NCR: Yes / No

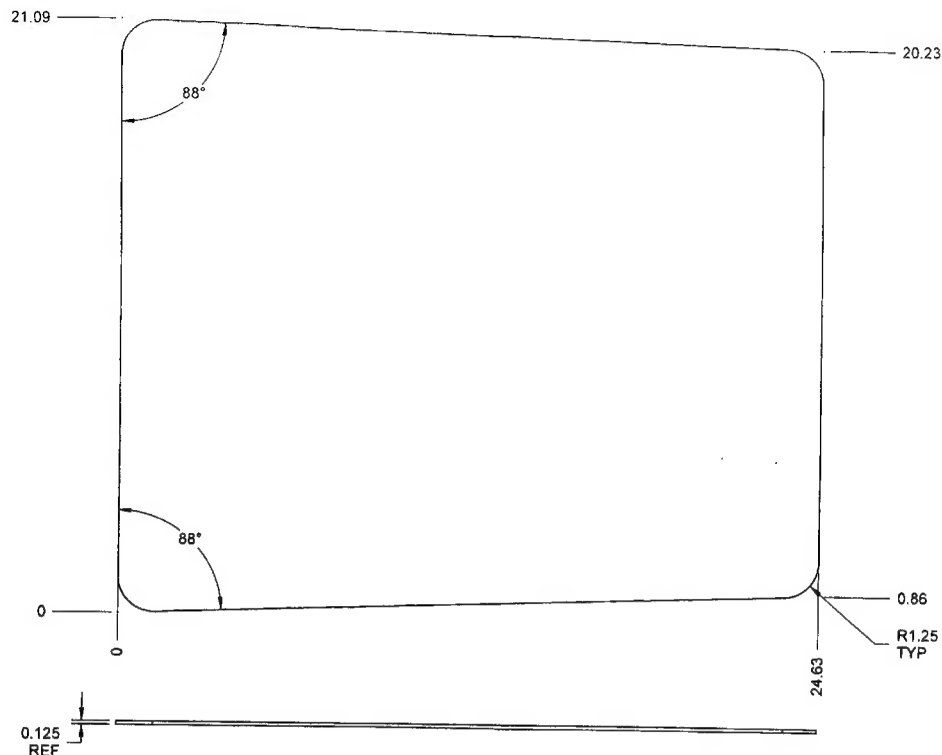
WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



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 W. J. J. J.
 V. J. J. J.
 N. 94182 MJS
 12-12-03

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 8/6/03

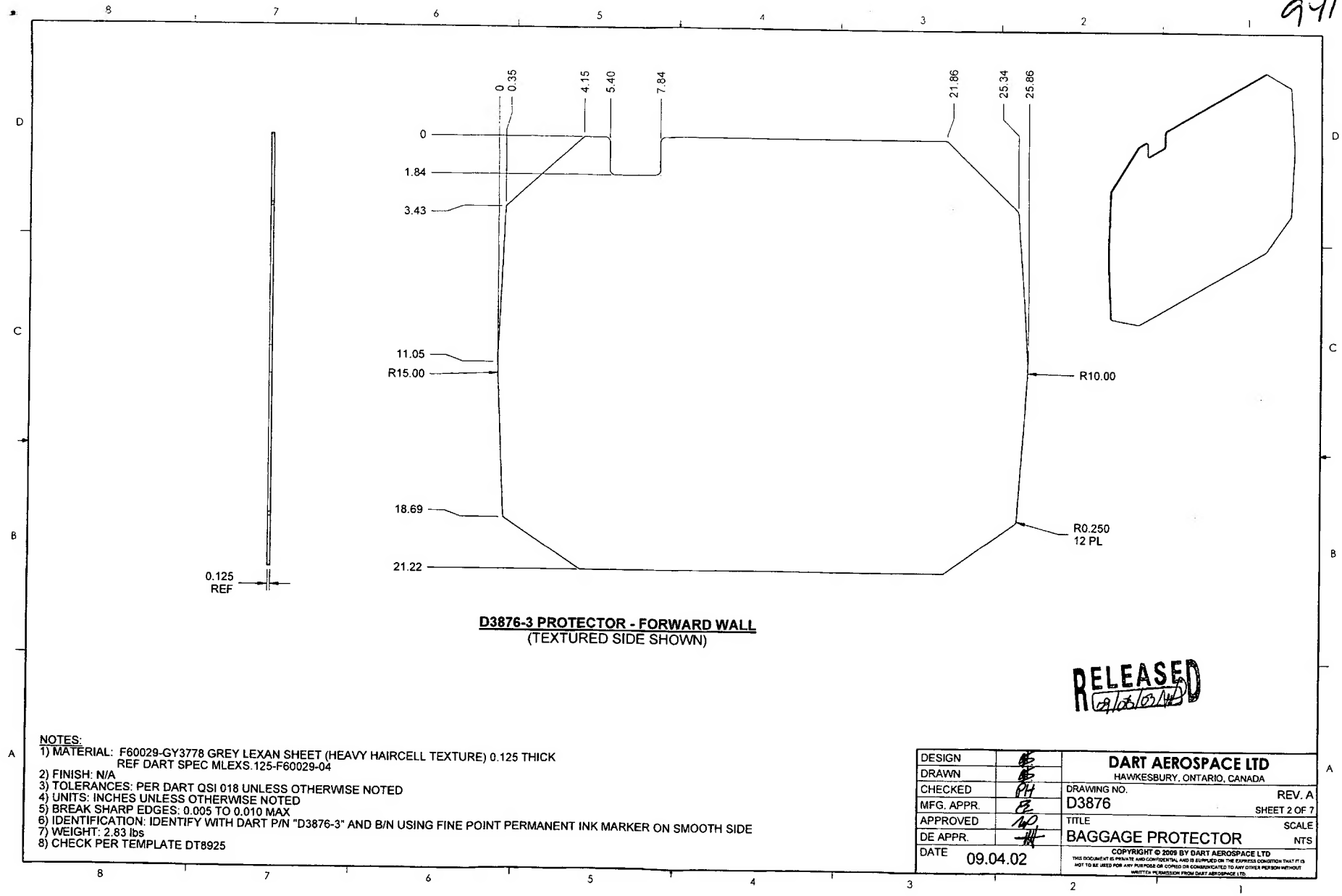
D3876-1 PROTECTOR - RH FORWARD WALL
 (TEXTURED SIDE SHOWN)

NOTES:

- 1) MATERIAL: F60029-GY3778 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE) 0.125 THICK
REF DART SPEC MLEXS.125-F60029-04
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3876-1" AND B/N USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE
- 7) WEIGHT: 2.71 lbs
- 8) CHECK PER TEMPLATE DT8924

A		NEW ISSUE		09.04.02	
REV.		DESCRIPTION		BY	DATE
DESIGN	AS	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA			
DRAWN	AS				
CHECKED	PH	DRAWING NO.	REV. A		
MFG. APPR.	BE	D3876	SHEET 1 OF 7		
APPROVED	NO	TITLE	SCALE		
DE APPR.	4	BAGGAGE PROTECTOR	NTS		
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94182



D3876-3 PROTECTOR - FORWARD WALL
(TEXTURED SIDE SHOWN)

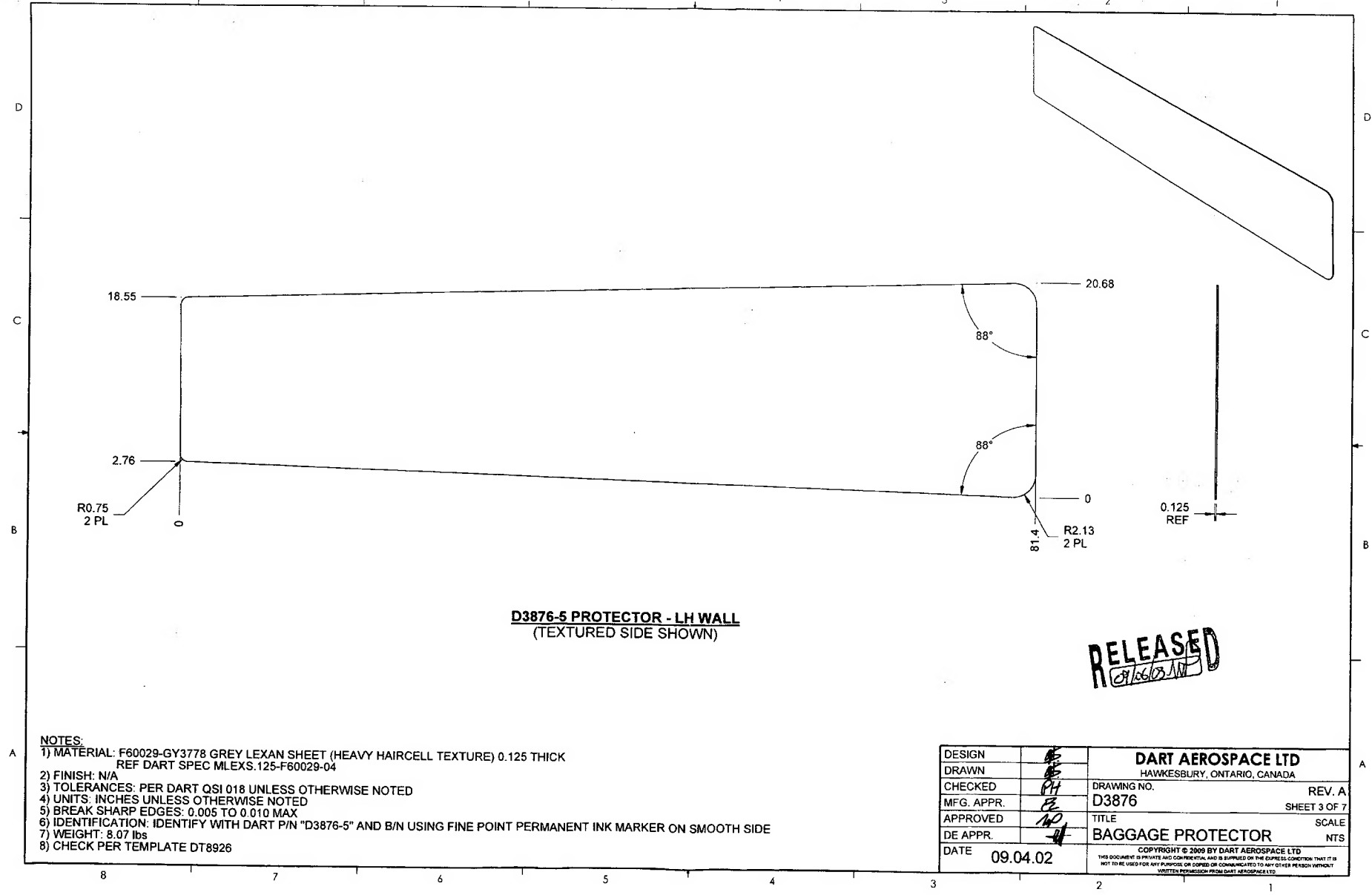
RELEASED
09/03/02

NOTES:

- 1) MATERIAL: F60029-GY3778 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE) 0.125 THICK
REF DART SPEC MLEXS.125-F60029-04
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3876-3" AND B/N USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE
- 7) WEIGHT: 2.83 lbs
- 8) CHECK PER TEMPLATE DT8925

DESIGN	DE	DART AEROSPACE LTD	
DRAWN	DE	HAWKESBURY, ONTARIO, CANADA	
CHECKED	PH	DRAWING NO.	REV. A
MFG. APPR.	EE	D3876	SHEET 2 OF 7
APPROVED	140	TITLE	SCALE
DE APPR.	TH	BAGGAGE PROTECTOR	NTS
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94182



D3876-5 PROTECTOR - LH WALL
(TEXTURED SIDE SHOWN)

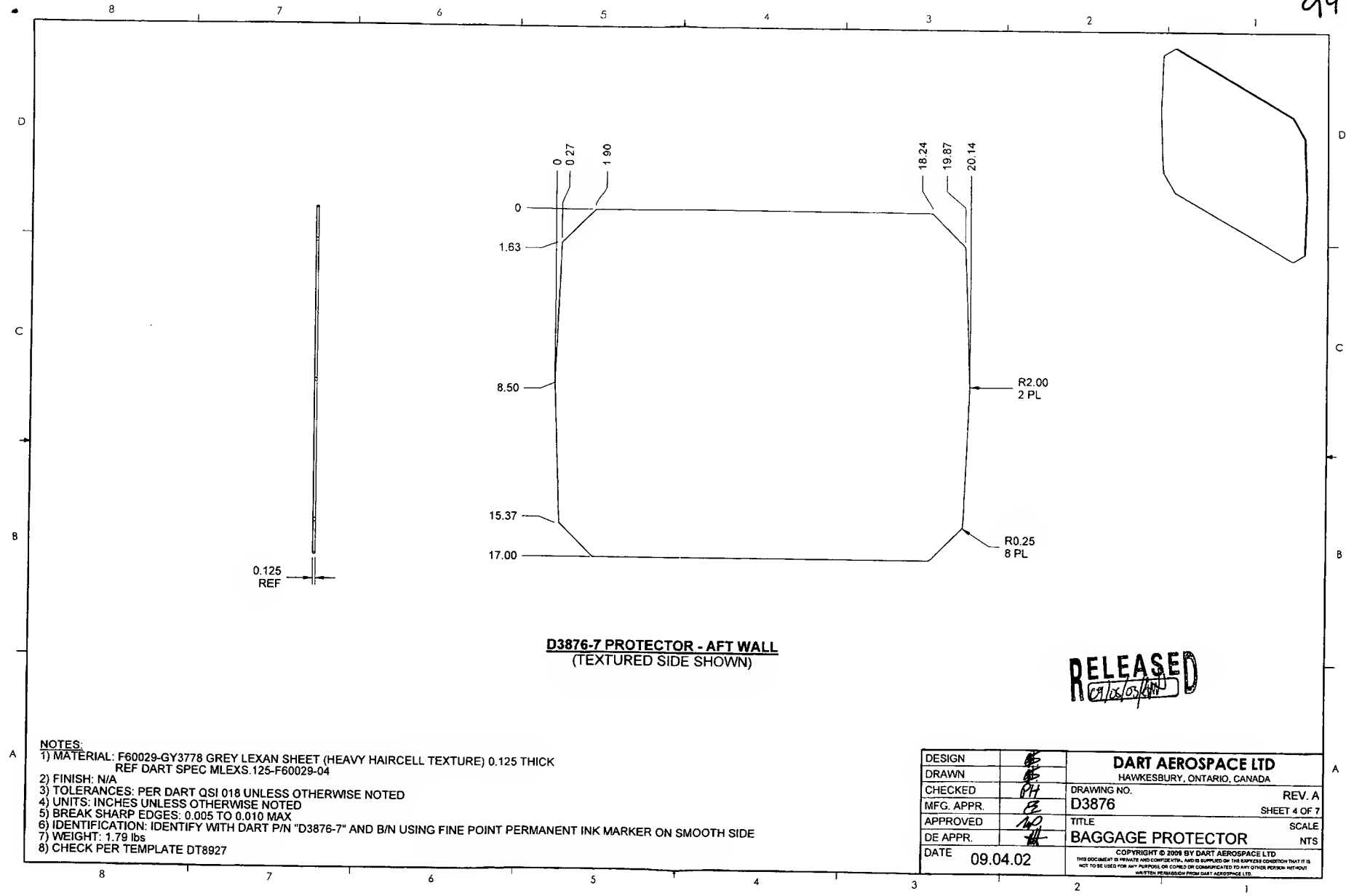
RELEASED
08/06/02

NOTES:

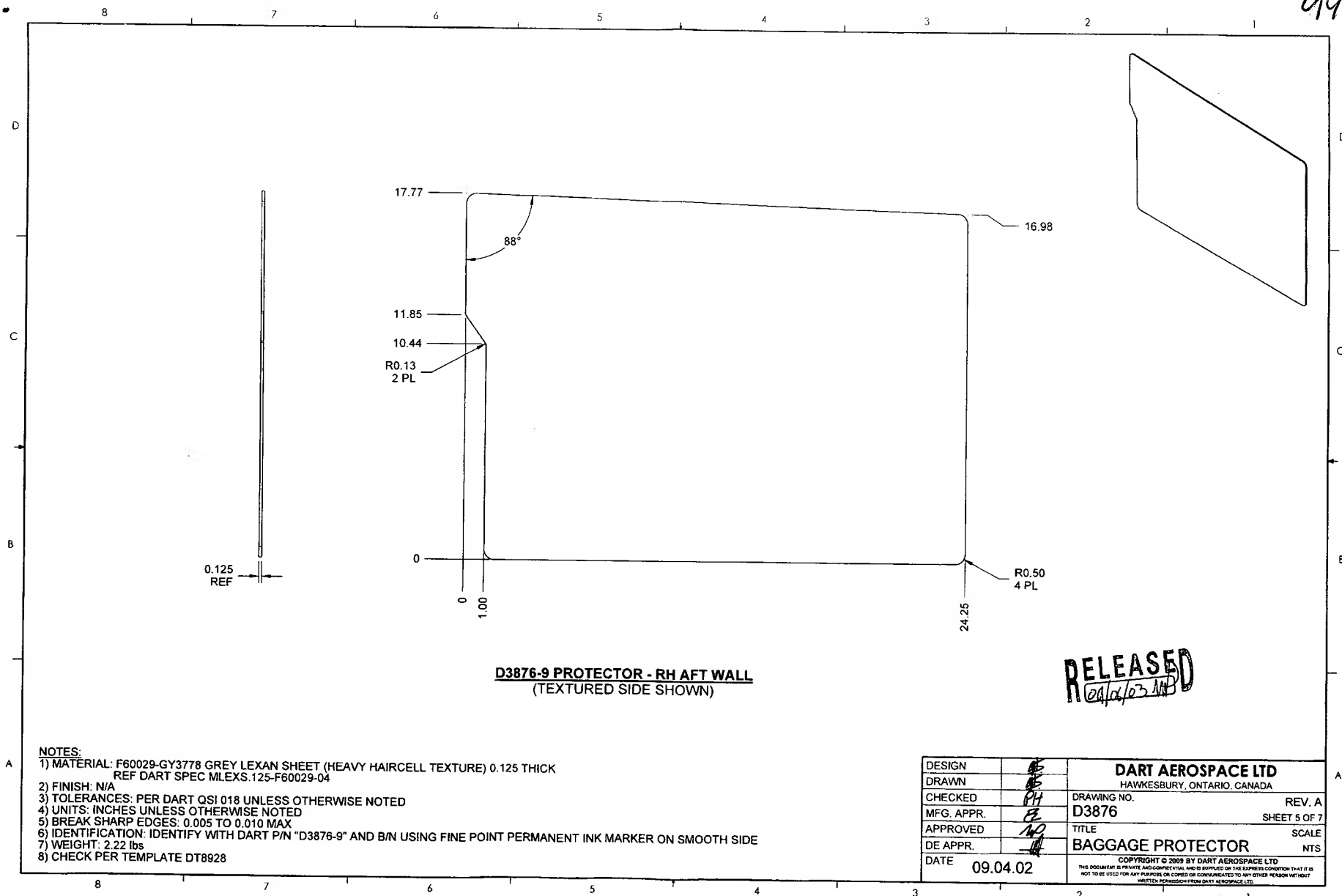
- 1) MATERIAL: F60029-GY3778 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE) 0.125 THICK
REF DART SPEC MLEXS.125-F60029-04
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3876-5" AND B/N USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE
- 7) WEIGHT: 8.07 lbs
- 8) CHECK PER TEMPLATE DT8926

DESIGN	<i>JS</i>	DART AEROSPACE LTD	
DRAWN	<i>JS</i>	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>PH</i>	DRAWING NO.	REV. A
MFG. APPR.	<i>JS</i>	D3876	SHEET 3 OF 7
APPROVED	<i>JS</i>	TITLE	SCALE
DE APPR.	<i>JS</i>	BAGGAGE PROTECTOR	NTS
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94182



94182



D3876-9 PROTECTOR - RH AFT WALL
(TEXTURED SIDE SHOWN)

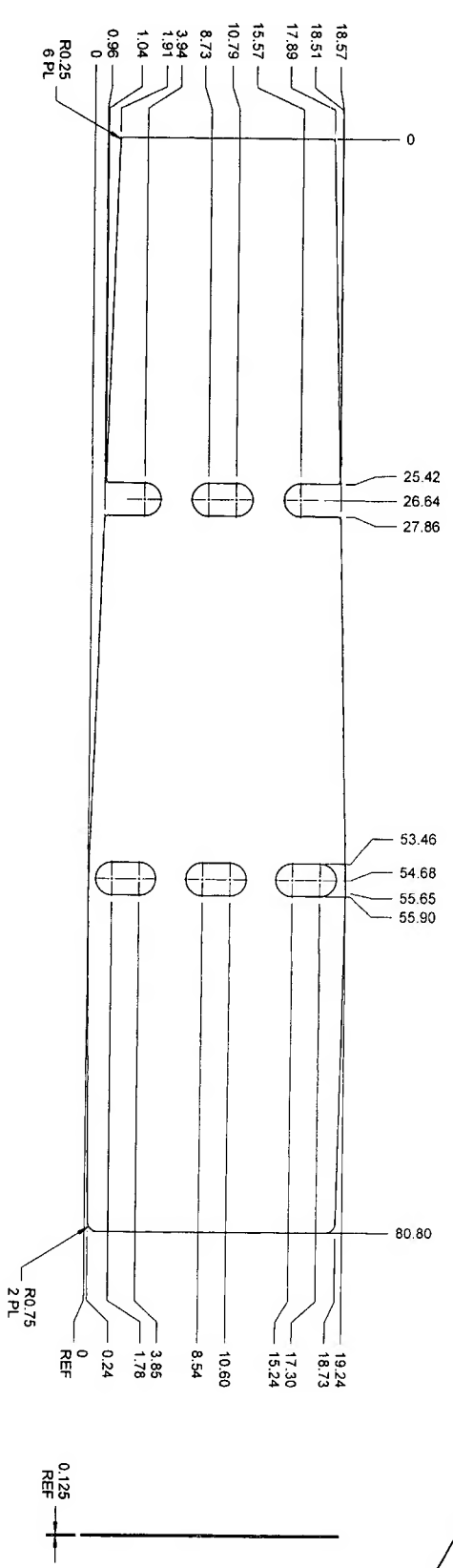
RELEASED
02/12/03

NOTES:

- 1) MATERIAL: F60029-GY3778 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE) 0.125 THICK
REF DART SPEC MLEXS.125-F60029-04
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3876-9" AND B/N USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE
- 7) WEIGHT: 2.22 lbs
- 8) CHECK PER TEMPLATE DT8928

DESIGN	AS	DART AEROSPACE LTD	
DRAWN	AS	HAWKESBURY, ONTARIO, CANADA	
CHECKED	PH	DRAWING NO.	REV. A
MFG. APPR.	EE	D3876	SHEET 5 OF 7
APPROVED	AO	TITLE	SCALE
DE APPR.	—	BAGGAGE PROTECTOR	NTS
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04/182



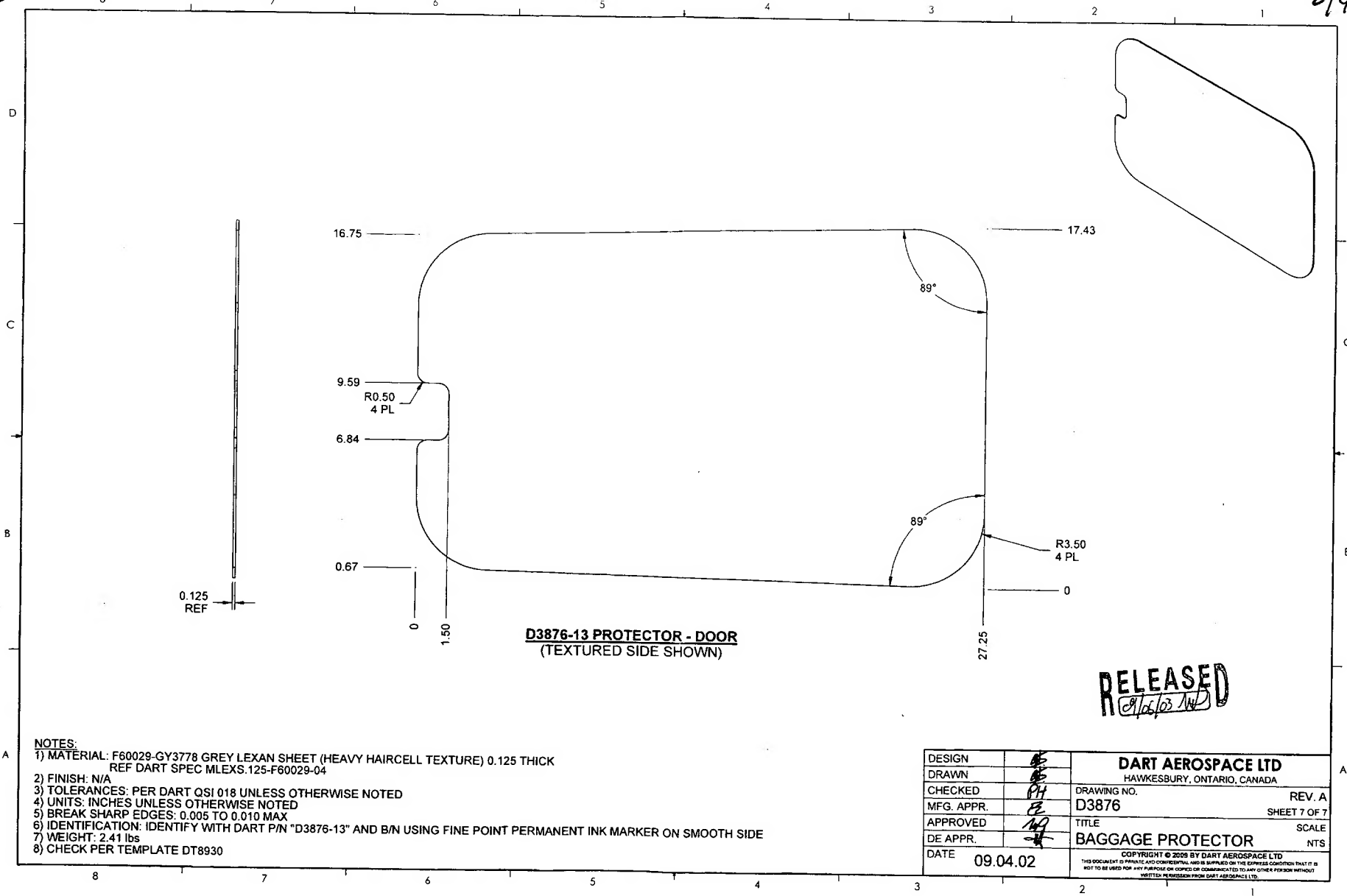
D3876-11 PROTECTOR - FLOOR
(TEXTURED SIDE SHOWN)

RELEASED
04/182

- NOTES:
- 1) MATERIAL: F60029-GY3778 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE) 0.125 THICK
 - 2) FINISH: N/A
 - 3) TOLERANCES: PER DART SPEC MLEKS.125-F60029-04
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3876-11" AND B/N USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE
 - 7) WEIGHT: 7.46 LBS
 - 8) CHECK PER TEMPLATE DT8929

DESIGN		DART AEROSPACE LTD
DRAWN		THAMESBURY, ONTARIO, CANADA
CHECKED		
MFG. APPR.		
APPROVED		
DATE	09.04.02	
TITLE	D3876	REV. A
DE APPR.		
DATE		
SCALE		
NTS		

94182



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8/16/03 NW

- NOTES:**
- 1) MATERIAL: F60029-GY3778 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE) 0.125 THICK
REF DART SPEC MLEXS.125-F60029-04
 - 2) FINISH: N/A
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3876-13" AND B/N USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE
 - 7) WEIGHT: 2.41 lbs
 - 8) CHECK PER TEMPLATE DT8930

DESIGN		DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN			
CHECKED		DRAWING NO.	REV. A
MFG. APPR.		D3876	SHEET 7 OF 7
APPROVED		TITLE	SCALE
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